☑ 002 ☑ 002

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/06/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OC2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING D9G129 02/21/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IDI 3112 WALNUT STREET, NE WASHINGTON, DC 20018 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (XE) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG DATE W 0001 INITIAL COMMENTS **(W 000)** A follow-up survey was conducted on February 21 , 2007 to determine if the facility had come into compliance with the Conditions of Participation of Governing Body and Client Protections which were cited during the January 8, 2007 through January 10, 2007 annual recertification survey. A random sampling of two clients was selected for the follow-up survey. Findings were based on observations, Interviews with group home and administrative staff and the review of records. At 3;30 PM the Director of ס 3 6 3 Residential Services was informed at the facility that the Conditions of Participation of Governing gar Paga Body and Client Protections had been inet. however there were continuing sandard level deficiencies. W 1247 483,420(a)(2) PROTECTION OF CLIENTS (W 124) RIGHTS The facility must ensure the rights of all clients. W124 Therefore the facility must inform each client. This Standard will be met as evidenced parent (if the client is a minor), or legal guardian, angoing of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. Reference response to W263. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a system had been established to obtain consent for treatments that may cause risk to the rights of one of two clients in the sample. (Clients #3) The finding includes: BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TILE (XE) DATE Miner

y deficiency statement ending with an asterisk (*) denotes adeficiency which the institution may be excused from correcting providing it is determined that for safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correctionals provided,) For nursing homes, the above findings and plans of correction are disclosable 14 to gram participation.

☑ 003 ☑ **003**

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/06/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; (X2) MULTIPLE CONSTRUCTION (XS) DATE SURVEY COMPLETED A BUILDING B. WING 09G129 02/21/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IDI 3112 WALNUT STREET, NE WASHINGTON DC 20018 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION TAG TAG DATE {W 124} Continued From page 1 {W 124} The facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity for the use of Client #3 psychotropic medication and behavior support plan. (See W/263) (W 189) 483.430(e)(1) STAFF TRAINING PROGRAM {W 189} The facility must provide each employee with W189 initial and continuing training that enables the This Standard will be met as evidenced 3-2-67 employee to perform his or her duties effectively. orapina efficiently, and competently. MANDT training was held on 3/1/07 -3/2/07 This STANDARD is not met as evidented by: Based on observation, staff interview and record QMRP/Home Manager will continue to review, the facility failed to provide each schedule staff training ongoing and/or as employee with initial and continuing training that: enables the employee to perform his or her duties needed to ensure that staff demonstrate the effectively, efficiently, and competently. 12 necessary skills to perform duties effectively, efficiently and competently. The finding includes: A follow-up survey was conducted at the facility on February 21, 2007 determined all previously training had been completed except Mandt Training, Interview with the Qualified Mental Retardation Professional at 12:57 PM revealed the Mandt Training had been scheduled twice in February 2007 because of inclement weather (snow and ice). During the survey, the Mandt Training was rescheduled for February 26th and 27th, 2007. The QMRP indicated that the training agenda and roster will be faxed to DOH immediately after the training is held. W 2631 483.440(*)(3)(ii) PROGRAM MONITORING & {W 263} CHANGE The committee should insure that these programs are conducted only with the written informed

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 03/06/2007 FORM APPROVED OMB NO 0938-0391

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TATEMEN IND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
	•	09G129	B. WII	NG_		R 02/21/2007		
NAME OF F	AME OF PROVIDER OR SUPPLIER D1 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 263 Continued From page 2 consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by Based on observation, interview and record review, the facility's specially-constituted committee (Human Rights Committee, HRC) failed to ensure that restrictive programs were used only with written consents, for one of the clients in the sample. (Client #3) The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) revealed the client #3 were precibed a behavior support plan (BSH) that included Zyprexa to manage the client hall family involvement in his affairs, but did not have an advocate or guardian to give consent for the use of restrictive measures. Although the Human Rights Committee (HRC) approved the implementation of the BSP, there was no evidence written consent was obtained from a legahly-sanctioned guardian and/or a surrogate health care decision-maker to implement these restrictive programs/strategies 483,460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive ageneral medical care.		STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018		<u> </u>	1/2007		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BYFULL		PREF	TX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRO- REPERENCED TO THE APPROPRIATE DEFICIEN		(X5) COMPLETION DATE	
(W 263)	consent of the clien minor) or legal guar minor) or legal guar This STANDARD is Based on observation review, the facility's committee (Human failed to ensure that used only with writted clients in the sample The finding included Interview with the Quarter of professional (QMRI precribed a behavior included Zyprexa to Further interview reinvolvement in his advocate or guardia of restrictive measured the implementation a legally-sanct surrogate health carimplement these reads a 483,460 (a) (3) PHYST The facility must progeneral medical care	nt, parents (if the client is a ridian. In not met as evidenced by: In interview and record specially-constituted Rights Committee, HRC) to restrictive programs were an consents, for one of the two e. (Client #3) In the client #3 was a resupport plan (BSP) that it manage the client agitation wealed the client half family affairs, but did not have an into give consent for the use res. In Rights Committee (HRC) mentation of the BSP, there itten consent was obtained in andfor a re-decision-maker to strictive programs/strategies. SICIAN SERVICES	{W 2		W263 This Standard will be met as eviby: QMRP along with medical staff with that informed written consent is option implementation of restrictive measures. QMRP will contact faminember to obtain informed conse QMRP will ensure that client #3's member is fully knowledgeable at understands risks and benefits of the If necessary, QMRP will seek legionardianship for client #3 to furthehim in the decision making process. QMRP will review all restrictive pat the Human Rights Committee in and maintain record on file to suppreview discussions and recomments.	vill ensure btained e nily nt. s family nd reatment. al er assist es. programs neeting port	3.28.07 oixiviry	
(12.) (32.)	Based on interview						- 1	

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PLATEMEN	TATEMENT OF DEFICIENCIES MD PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	OMB NO. 0938-039 OMB NO. 0938-039 OMB NO. 0938-039 OMB NO. 0938-039			
·		09G129	B. WING		R 02/21/2007			
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C				
IDI				3112 WALNUT STREET, NE WASHINGTON, DC 20018				
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(W 322)	1	ge 3 mple. (Clients #1 and #2)	₹W 32	2}				
	The findings include	3 .				. ,		
	urology consultation frequent urination. was prescribed. The recommended that ruled out. At the time 2007, this procedure. 2. The facility falled extra depth shoes to AFOs. (See W436, and a podiatry consultation. The review of indicated "open woutoes". The review of indicated "open woutoes". The Podiatrist Pedis. Apply Lotrim daily x 2 weeks". Futhe podiatrist wrote recommended follow The review of the Market Pedis. Apply Lotrim daily x 2 weeks. Futhe podiatrist wrote recommended follow The review of the Market Pedis. Apply Lotrim daily x 2 weeks. Futher recommended follow The review of the Market Pedis. Apply Lotrim daily x 2 weeks. Futher recommended follow The review of the Market Pedis. Apply Lotrim the review of the Market Pedis. The medication for the redication for the pedis.	bladder out obstruction be the of the revisit, February 21, what not been performed. To ensure Client #2 received to ensure Client #2 received to wear during the use of his 2) and Supervisory LPIN on at 3:27 PM revealed/Client #3 ultation on December 15, fine consultation report nd-severe tinea of second left diagnosed "Severetinea in 1-4 web spaces both feet at the record review indicated a prescription for Penicillin ad wup with the dermatologist edication Administration Client #3 began to receive on December 2, 2006. In failed to evidence that the were addressed by the PCP ensured the client fleceived estiment of his feet timely.		W322 This Standard will be me by: 1. Client #1 has been sche Urologist examination continue to monitor appointments and expiration dates. RN we conduct routine file and ensure compliance with 2. Reference response to 3. LPN will follow-up with care physician to ensure recommendations as an outlined. Also, referent W322.1.	eduled for annual Nurses will pointment aster listing to a schedule prior to will continue to dits to further that a standard. W436, 2. the the primary that all addressed as	ongung		
√ 331}	483.460(c) NURSIN	G SERVICES	{W 331	}				
1	ine facility must pro-	vide clients with nursing				ł		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/06/2007 FORM APPROVED

		E & MEDICAID SERVICES		·	OMB NO. 0938-0391
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(W 831)	Continued From pa services in accorda	ge 4 nce with their needs	EE W}	1)	
436}	Based on interview failed to ensure nursecondance with the Clients #1 and #2) if The findings include 1. Interview with the February 21, 2007 a had a podiatry cons 2007. The review of indicated "open wortoe". The Podiatrist Pedis, Apply Lotrimidally x 2 weeks". Fit the podiatrist wrote recommended follow There was no nursinurse was aware of and recommendation. The review of the more cord (MAR) on Fecilent did not begin to until December 22, 200 got better and that the group home on Ino evidence the nurto address the podiatrecommendations for 483.470(g)(2) SPAC	e on Supervisory LPN on at 3:27 PM revealediclient #3 ultation on December 15, of the consultation report and-severe tinea of second letter diagnosed "Severatinea in 1-4 web spaces both feet urther record reviewindicated a prescription for penicillin additional w-up with the dermatologisting documentation that the the podiatrist's assessment ons. edication administration cream coreceive the Lotrintin Cream 2006. Interview with the nurse of revealed the client's feet the podiatrist was expected at February 21, 2007. There was see provided timely follow-up altrist's treatment or Client #3.	{W 438	This Standard will be met as every: RN will address timely follow-up staff. Additional training will also conducted to further ensure compathis standard. W436 This Standard will be met as every: 1. Client #3's orthopedic shoes picked up on 2/27/07. Physic Therapist is scheduled to asse by 3/14/07. QMRP will ensure timely followeded repairs to all client's a equipment.	with LPN to be colliance with denced were cal cal cas repair low-up of
ky.	The facility must fun and teach clients to	nish, maintain in good repair, use and to make informed			
Control of the last of the las				<u> </u>	

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G129		(X2) Mi A. Buil	ULTIPLE CONSTRUCTION LOING	(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER			- 	Official Application		1/2007	
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ົ⁄N 436}	Continued From pa	19e 5	{W 43	007			
	choices about the un hearing and other of and other devices in	use of dentures, eyeglasses,	VV -43	oo;	1		
STATE OF	review, the facility facility for C special shoes were Client #1; and failed	s not met as evidenced by; on, interview and record affect to ensure special shoes lient #2; failed to ensure maintained in goodfrepair for to ensure that Client #1 was res as recommended by the m (IDT).			•		
And the second	wearing boots, Inter	2007 Client #2 was observed Triew with the home manager ent's orthopedic shoes were in	,				
5 17 4,00	2. The facility failed	to ensure Client #2 received depth shoes to fit over his	•		·		
	manager, and the su 21, 2007 at 10:30 All made progress in the One of two new AFC 3's was delivered to 2007. Follow-up by the February 21, 2007 re been shipped. The page scheduled to ex	with the QMRP, the home pervisory LPN on #ebruary of revealed the facility had a area of adaptive equipment its recommended for Client # the facility on February 21, the QMRP with the wendor on evealed the second AFO had physical therapist (PT) had valuate the effectiveness of coth have been received at with The QMRP on					

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⊆ <u>ent</u>	ERS FOR MEDICARI	& MEDICAID SERVICES	•		•	FOR	D: 03/06/200 M APPROVEL
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) ML	JLTIPLE CONSTRUCTION		OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
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ığı	<u> </u>			STREET ADDRESS, CITY, S 3112 WALNUT STREET WASHINGTON, DC 2	, NE		<u>.</u>
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୍ଧ 43 6	Continued From pa	ge 6	1044 404	-			<u> </u>
ي المعقدة الأدارية المعقدة	February 21, 2007 a	at 5:30 PM revealed she will	{W 430	P} -			
le.	I notify DOH after the	PT assesses the there are a		<u>,</u> .			
0.0	the PT will be able to	ent of the AFOs is completed of determine the type of shoes		·			
100 mm	needed by the client	to compliment the new AFCs				•	
And the second of the second o					_		
istrat isto		*******************************					
	********			•	_		
	The facility failed to ensure Client #2 orthopedic shoes were maintained in good repair.			,			
	orthopedic shoes we	re maintained in good repail.					
; ; :	Observation of Clien	t#1's orthopedic shoes on					4
j Tueron	January 10, 2006 re\	realed that both shoes were.	,			ŀ	
	the heels were worn	ximately 50% of the both of off on the outer edges.	•				
	Interview with the ha	me manager indicated the					
Semant and a min	Client had received ti	18 Special shoes				Ì	
	Further interview with	months prior to the survey.		,	-		,
Shall Court ye	McCated the client w	ears his shoes out quickly					ľ
	nowever the the fund	IDD 20ency only have for the					1
		of special shoes a year.					
The Co	Record verification re	wealed on October 28, 2008				1	ì
All responding	me Priysical Therapis	at commented, "Absence of trunk rotation in his gelt.					ļ
Patrick Patrick	Elbow and wrist flexis	on during ambulation. He		·			
	lands on the lateral b	order of his foot which			•		
	Was to avidence Clie	eral shoe wearing". There nt#2 orthopedic shoes were		,			. [
	closely monitored for	the wear on the heels to		•			1
	ensure timely mainter	tance.			•	,	
F 10 10 4	2. The facility failed to	ensure Client #2 received.			•]
	recommended extra o	lepth shoes to fit ever his	i	ч			Ì
	AFO's,					ļ	
	On January 8, 2007,0	lient was observed to					

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CENTE	RS FOR MEDICAR	HAND HUMAN SERVICES E&MEDICAID SERVICES					FORN	03/06/200 APPROVE
TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) I A BU		TPLE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED			
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LAME OF	PROVIDER OR SUPPLIER	-	- + !				02/2	21/2007
10	-		. •	3	Reet address, city, state, zip o 1412 Walnut Street, ne Vashington, do 29018	ODE		
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG	ıx ·	PROVIDER'S PLAN OF CO (BACH CORRECTIVE ACTION SI REFERENCED TO THE APPROPRIES	KALLI IN DE	CBACC	COMPLETION DATE
// 436 }	Continued From pa		[W 4	રકા રકા				
Charles	ambulate with Lofts	strand crutches as he left for		ردت	•			1
44.7	his day program at	9:15 AM. Interviewwith staff	}		,			}
401	Indicated that he we	sars bilateral braces, Ankle					1	
	Foot Orthoses.(AF0	Os) to provide additional		l				
()(5)	Support during amb	Ulation, Record review		- 1				,
(1,02	indicated the client	had a follow-up consultation	,					
	post custom niting o	of bilateral AFOs on June, 27		ľ			1	
anger Mar	.2006 during which s	staff were reinstructed on				•		
	proper donning. The	consultant indicated the			•			
	AFOS fit well, recon	IMended broper donning for		1	•			•
	AFUS and tollow-up	in six months. Further record i			•			
	Leview Liskested a La	commendation by the			L		1	
. [Physical Therapist (PT) dated January 25, 2006					1	•
i d	which stated to ensi	Jie well filting socks to		- 1				-
	decrease risk of skir	breakdowns and to monitor		- 1			1	
\$"	lower extremities for	foot breakdown,	r.*				.	
i	Record review revea	eled Cifent #2 was availuated						
- 14 14 14 14 14 14 14 14 14 14 14 14 14	on September 14, 2	006 for the use of molded		- 1	•			
	shoes with the AFO:	s. At that time the attaptive						
Lieux Fr.	equipment provider	recommended extra depth	-					
- 1	shoes to fit over the	AFOs. The facility was					ľ	. 1
# 1 P	requested to submit	an original 719A approving		ĺ				
	the special shoes. R	ecord verification reflected an						
Child .	Adaptive Equipment	Assessment dated						1
4)	November 7, 2006 w	hich recommended molded		- 1	·			
		h crutches. A corresponding:		ŀ				
	719A dated Novemb	er 21, 2006 signed by the			·		1	
].	Primary Care Physic	lan (PCP) was also noted.						i
· .	Fuither record review	v revealed a medical	•]
, li	Consultation report for	om the podletrist deted						I
1i	November 1 2008 T	he report indicated a						ļ
: · [6	diagnosis of "Ulcer to	left mid lateral for						}
[i	Vecrotic tissue noted	Licer 3 cm. erythema noted					Ì	
i	Jiget debrided Ster	ted on Keflex" 580 mg BID	•				1	}
i	During the followers	visit on November 114, 2006,		- 1				1
1	he podiairist indicate	ed that the ulcer was healing.			•		1	J
: Ii	McView with the nu	se on January 10, 2006 at	•					
Opposite A	······································	- on candary to, 2000 at						
∴M:>-2567	(02-99) Previous Versions O	bsolete Event ID: BRXQ12	·	(v IDr 09G429	7		

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21010 PARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/06/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED MATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING R B. WING 09G12B 02/21/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1DI 3112 WALNUT STREET, NE WASHINGTON, DC 20018 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ťΦ PROVIDER'S PLAN OF CORRECTION (XE) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG TAG DATE WV 4361 Continued From page 8 **(W 436)** approximately 5:10 PIVI indicated the faot ulcer may have been related to the AFO which the Louis r client is prescribed to wear at all times during ambulation. The Land I Interview on January 9, 2007 with the Qualified Mental Retardation Professional (QMRP) arrago Aborto indicated the 719A had been submitted to vendor for the extra depth shoes, however it takes a while to get the shoes because they are specially made. At the time of the survey, there was no evidence Client #2 had received the extra depth shoes recommended to fit over the AFOs or that a date had been provided for the delivery of the shoes for the client. 5, 47 1.5 6

30 .50 31 .50